

**APPLICATION TO AMALGAMATE  
THE AREA OF A MINERAL LEASE**

**PLEASE PRINT**

I/We hereby apply to amalgamate the following Mineral Leases pursuant to subsection 41(1) of The Mineral Disposition and Mineral Lease Regulation, MR 64/92:

Holder(s)	<input type="text"/>	Holder(s).	<input type="text"/>
Lease No(s).	<input type="text"/>	Lease No(s).	<input type="text"/>

shown on Claim Map No(s)

The holder of the amalgamated lease shall be:

Contact Person	<input type="text"/>			
City	<input type="text"/>	Province	<input type="text"/>	Postal Code <input type="text"/>
Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>	

Enclosed is a certified plan of survey of the perimeter of the proposed mineral lease area, duly approved by the Director of Surveys.

<input type="text"/>	_____
Date	Holder

If the holder is not a resident of Manitoba, the name and address of a resident agent must be supplied.

Resident Agent	<input type="text"/>		
City	<input type="text"/>	Province <b>MANITOBA</b>	Postal Code <input type="text"/>
Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>

**Notes:**

1. Rental for the first year must accompany this application.  
Make cheque payable to the **Minister of Finance, Manitoba**.
2. If this application is signed by an agent, the authority of the agent must be filed with the Recorder.
3. The holder's copy of the original mineral lease document must be submitted with this application.

**Applications to be filed at the Office of the Recorder**

**WINNIPEG**  
Unit 360  
1395 Ellice Avenue  
WINNIPEG, Manitoba  
R3G 3P2  
Phone: (204) 945-6527  
Fax: (204) 948-2578

**FLIN FLON**  
Barrow Building  
Room 201, 143 Main Street  
FLIN FLON, Manitoba  
R8A 1K2  
Phone: (204) 687-1630  
Fax: (204) 687-1634

<b>OFFICIAL USE ONLY</b>	
Cheque/Receipt No.	_____
Cheque Amount	_____
Payer	_____
Lease No.	_____
CASH STAMP	